

City of Garden City

100 Central Avenue * Garden City, Georgia 31405 * FAX 912-966-7792

PREVIOUS EMPLOYMENT REFERENCE RELEASE FORM

TO: _____
(The previous employer you are giving for an employment reference)

Address _____

Dates of Employment: From _____ **To** _____

Department/Supervisor: _____

I, _____ have made application for employment with the City of Garden City, and authorize the release of information related to my previous employment with your company with my signature below.

Signature _____

Date _____ (Applicant do not write below this line. This form will be forwarded by the City to the employer you designate.)

Employer please verify: Dates of employment: from _____ **to** _____; **Job title at time of termination** _____

Factors Rated	Excellent	G o o d	A v e r a g e	B e l o w Average
Work Ethic				
Attendance				
Quality of Work				
Motivation				
Attitude/Personality				
Team Oriented				
Dependability				
Overall Competency				
Supervisory Skills				
Other:				

Would you rehire the applicant? _____ **Yes, without reservation;** _____ **Maybe depending upon circumstances;** _____ **No, not eligible for rehire due to company policies.**

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Completed by:

Title: _____ **Date:** _____
